Commercial Property - Quotation Schedule

Named Insured: Test Scenario1

Address: 8 KENNEDY RD , Test Address2

Windsor, CT, 6095

Email: test@gmail.com

Insurer Name: Acme Insurance Co.

Address: 101 Mission Street, San Francisco, CA

Telephone: +1 415 555 5555
Website: www.socotra.com

09/26/2023

Policy Number: 100249066

Product: Commercial Property Location

Transaction: Quotation

Period of Insurance: 09/26/2023 to 09/25/2024

Thank you for requesting a business insurance quote with Acme Insurance Co. Insurance. Enclosed please find the Insurance quotation for your consideration.

The quote is based on the information provided to us by you with the assistance of your intermediary. Please review the information carefully.

This quotation is valid for 30 days from the date of the quote or from the start date of the period of insurance shown above, whichever is the earlier. By accepting the quote you confirm that the information provided to us is accurate and complete.

Please be aware that this quotation shall become invalid should the prospective insured be our existing Commercial Property Client, subject to verification by our Commercial Accounts Department.

By accepting this quotation you also confirm that our privacy policy has been explained to you and you will be deemed to have consented to Acme Insurance Co. Insurance using and transferring your data as stated in the personal information collection statement which is also available at Acme Insurance Co. Insurance Website

We look forward to receiving your reply soon.

Yours sincerely, Commercial Accounts Department

This is a computer print-out and signature is not required.

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Insurance Details - Quotation Schedule

| Named Insured & Address : | Test Scenario1 8 KENNEDY RD , Test Address2 | |
|---------------------------|---|-----------------|
| | Windsor, CT, 6095 | |
| Form of Business : | | |
| | Legal Entity: | Incorporation |
| | Nature Of Business: | Accountants |
| Construction : | | |
| | Property Type: | Office Low Rise |
| | Business Established Year: | 2016 |
| | Year of the Construction: | 2001-2020 |
| | Type of Construction: | Joisted Masonry |
| | Number of Stories: | 1 |
| | Does Property have Basement ?: | Yes |
| | Area of the Property: | 2500 |
| Security information : | | |
| • | Security System: | Yes |
| | Distance to Fire Hydrant (Feet): | <100 Feet |
| | Distance from Fire Station in Miles: | <2 |
| | Property Used By: | Owner |
| Producer Name : | Agent Inc P0999 | |
| | Direct | |
| Insured Claim History : | | |
| | Claim History (Last 3 Years): | No |
| | Number of Claims: | |
| | Claim Amount Paid: | |
| Policy Premium: | \$74396.72 | |
| Taxes/Fees: | \$1558.79 | |
| | \$75955.51 | |

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Section I:

Locations Insured under the policy: Insurance applies to Coverages or type of property which a Limit of Liability is shown below, and then only at the premises locations for which a value for such coverages or property is shown on the Statement Of Value, or subsequently reported to and insured by us. The below listed locations are insured under this policy.

| LOC 001 BLDG 001 | | |
|----------------------------|---|-----------------|
| Building Location Address: | 8 KENNEDY RD , Test Address2 Windsor , CT , 6095 | |
| Form of Business : | | |
| | Legal Entity: | Incorporation |
| | Nature Of Business: | Accountants |
| Construction : | | |
| | Property Type: | Office Low Rise |
| | Business Established Year: | 2016 |
| | Year of the Construction: | 2001-2020 |
| | Type of Construction: | Joisted Masonry |
| | Number of Stories: | 1 |
| | Does Property have Basement ?: | Yes |
| | Area of the Property: | 2500 |
| Security information : | | |
| | Security System: | Yes |
| | Distance to Fire Hydrant (Feet): | <100 Feet |
| | Distance from Fire Station in Miles: | <2 |
| | Property Used By: | Owner |

Coverages and Limits of Liability - Described Premises:

| Limit of Liability |
|--------------------|
| 1000000 |
| 100000 |
| 100000 |
| 100000 |
| 100000 |
| 100000 |
| 100000 |
| |

Deductible: The deductible applies to above listed limit 100000 per occurrence

| Additional Coverages: | Limit of Liability |
|-----------------------|--------------------|
| - Flood | 1000000 |
| - Earthquake | 1000000 |
| - Windstorm | 1000000 |

Deductible: The deductible applies to above listed limit 100000 per occurrence

| Other Coverages: | | Limit of Liability |
|------------------|-------|--------------------|
| - Bui | glary | 100000 |
| - Mo | ney | 100000 |
| - Gla | ss | 100000 |
| | | |

Money coverage applies to 'On premises' and 'In Transit per Carrying Limit from Insured's premise(s) to bank and vice versa'.

Deductible: The deductible applies to above listed limit of liability is 100000 per occurrence